

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	✓	DR	11/12/14
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

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If more than 150 claims or 10 actions  
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Claim	Date	
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SYMBOLS

✓	Rejected
—	Allowed
— (Through number)	Canceled
—	Restricted
—	Non-elected
N	Interference
I	Appeal
A	Appeal
O	Objected

Claim	Date	
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